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VICTORIAN AIDS COUNCIL / GAY MEN'S HEALTH CENTRE

VAC
GMHC



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Key Milestones

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Australia's first AIDS death occurred in Melbourne at Prince Henry's Hospital.

Melbourne's ALSO Foundation established a Health Subcommittee to look at the new reports coming from the USA about AIDS.

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The Victorian AIDS Council was launched at a public meeting in December. The meeting also saw the launch of VAC's first education campaign, which included a poster (*Great Sex! Don't Let AIDS Spoil It*), a brochure (*AIDS, Trying to Reduce the Risk*) and a badge (*Safe Sex*) with a big red tick.

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VAC gained funding to establish a HIV/AIDS specialist medical clinic. The Gay Men's Community Health Centre (GMCHC), later to become the Gay Men's Health Centre (GMHC), was incorporated to run this service.

The first Support Care Team was established.

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The Victorian AIDS Council's David Williams Fund was established to provide support to improve the financial, health and emotional wellbeing of people living with HIV.

Fairfield Hospital staff provided the first training program for VAC and other volunteers to care for people with HIV at home.

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A new treatment emerged that was hailed as the first big step in beating HIV/AIDS. The drug Retrovir (AZT, Zidovudine) began to be used to treat people infected with HIV.

The rate of AIDS cases was increasing sharply and there was demand for home care, nursing, counselling, transport and financial assistance.

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A Joint Advisory Committee (JAC) was established to decide policy for both VAC and GMCHC and to integrate the two organisations. In July Alan Hough was appointed the first General Manager of VAC/GMCHC, providing an integrated management structure.

December 1—The first annual World AIDS Day, proposed by the World Health Organisation, was held to focus attention on fighting the disease. Australia participated. The theme was 'A World United Against AIDS'.

The Australian AIDS Memorial Quilt project was established and first displayed on World AIDS Day.

The GMCHC clinic opened for business.

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The controversial 'When You Say Yes' campaign with the famous 'two boys kissing' poster was released, promoting safe sex to young gay men.

VAC/GMHC's Community Support program and the Royal District Nursing Service (RDNS) signed a formal partnership agreement bringing clinical resources to clients, volunteers and staff.

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In Victoria there were huge public protests against the possible closure of Fairfield Hospital, which continued to provide care for people with HIV/AIDS in a unique and non-stigmatising way. VAC/GMHC staff and volunteers joined the protests.

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The drug Hivid, to be used in combination with AZT, marked the beginning of HIV/AIDS combination therapies.

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The Positive Living Centre (PLC), also housing the GMHC Clinic, opened in St Kilda.

HIV/AIDS Legal Centre (HALC), a project of VAC/GMHC, was established to provide free legal advice to people living with and affected by HIV/AIDS. HALC lawyers are experienced practitioners who volunteer their time to provide this service.

By 1993 over 800 people had been diagnosed with HIV in Victoria, and the Support Program had provided over 600 individual care teams and other support.

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Legislation in Victoria made it illegal to discriminate on the grounds of HIV/AIDS infection.

The International AIDS Conference in Vancouver highlighted benefits of early intervention, combination therapy and viral load testing, which measured the concentration of virus particles in the blood.

Despite years of protest action, Fairfield Hospital was closed. The Alfred Hospital and the Royal Melbourne Hospital officially took over the HIV/AIDS services.

Treatment options took another step forward with the introduction of power HIV-fighting drugs called Protease Inhibitors. The use of these drugs in combination with existing HIV/AIDS drugs proved effective in controlling HIV.

97

Highly Active Anti-Retroviral Therapy (HAART), consisting of three or more anti-retroviral drugs, replaced the expression 'triple combination therapy' and became the new standard of HIV care in response to the 'hit early, hit hard' strategy.

HIV Post Exposure Prophylaxis (PEP) became available as a treatment for the prevention of HIV for those who may have been exposed to HIV.

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An invaluable partnership and working relationship with MAC Cosmetics began and continues to this day. Thus assuring ongoing funding for the David Williams Fund.

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The PLC moved to the newly renovated Braille Library. The new PLC provided a much larger space and enhanced services for people living with HIV/AIDS.

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Gay and Lesbian Health Victoria (GLHV) was established and managed by a consortium which included Australian Research Centre in Sex Health & Society (ARCSHS), Women's Health Victoria and VAC/GMHC.

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Worldwide 4.9 million people were newly infected in 2005 with 40.3 million people worldwide living with HIV/AIDS. A sobering statistic.

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Drama Downunder was launched and has been one of VAC/GMHC's most successful sexual health social marketing campaigns.

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VAC/GMHC was a founding member of the National LGBT Health Alliance, a peak national organisation established to improve the health and wellbeing of LGBT people in Australia.

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VAC/GMHC celebrates 25 years of achievements.



25 YEARS OF ACHIEVEMENTS

Statement of Purpose

Leading our community in the fight against HIV/AIDS and STIs. VAC/GMHC works to confront the continuing challenges of the HIV/AIDS epidemic and, increasingly, the overall health and wellbeing of the GLBT community.

Our core work is to:

- / Strengthen the independence, dignity, health and wellbeing of HIV positive people and the GLBT community;
- / Reduce the transmission of HIV and STIs;
- / Enhance health outcomes for people living with HIV/AIDS.

In particular we are invested in bringing the AIDS epidemic to an end.



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President's Report

Kevin Guiney

This year we acknowledge and celebrate 25 years working in partnership to respond to HIV/AIDS in Victoria. From very humble beginnings we have moved through many phases, some good times, some tumultuous times and some great achievements. Through it all we have kept doing the work that needed to be done: the care and support of people living with HIV and the development of health promotion initiatives which aim to reduce HIV and STI transmission.

We have a lot of people to thank for assisting us in the journey to date. But we also need to consider what the future holds for us.

In the past the National HIV/AIDS Strategies have facilitated a coordinated national response to HIV, with most States and Territories committing to the core principles outlined in the Strategies—to achieve a common goal of preventing and reducing the transmission of HIV and improving the care and support of those affected. However, the Commonwealth Government has recently changed its funding arrangements. As a result of this, we remain uncertain but optimistic about the efficacy and influence of the forthcoming new National Strategy. With the soon to be developed Victorian HIV/AIDS Strategy it becomes imperative that we monitor closely where the money is allocated and spent. With any new Strategy comes opportunity and for Victoria it is an important time to consolidate and cement partnerships across the sector, with community, government, clinicians and researchers.

The partnership approach, which for years has been held up to the rest of the world as a model of excellence, could be better. There are those within the sector who are not committed to the core principles of 'partnership'. Therefore we must remain vigilant that we have a voice, that our views are taken into account and that we continue to move forward with an eye on the bigger picture!

The true value of the work of VAC/GMHC is incalculable. Our work in prevention is world class and we have strong brand recognition from those we target in health promotion. The delivery of our care and support services is exemplary, albeit at times difficult.

The Board, in conjunction with a number of internal and external stakeholders, has completed our Strategic Vision for the next three years. This has defined the future direction of the organisation and has identified opportunities for us to venture into new fields. However our focus will continue to be on our core constituency of people living with HIV and those most at risk.

Our organisation is strong and vibrant because of you, our supporters. As this is our 25th anniversary, please join us in celebrating this milestone. There will be a number of events to recognise our achievements and many opportunities to make our organisation stronger and more vibrant. I invite you all to participate in the celebrations.

We are all committed to continuing our great work and being innovative. With the help of you, our members, volunteers and friends, we will be able to ensure the next 25 years, if we are needed for that long, will be as successful as the last.

Lastly, a special thank you to Mike Kennedy and the Managers who have helped the Board successfully manage the governance of the organisation.

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Executive Director's Report

Mike Kennedy

Twenty five years is a significant milestone for any community based organisation and VAC/GMHC has been using this year to celebrate and remember where we have come from and those people and organisations who have contributed to our successes. When the ALSO Foundation called those initial meetings 25 years ago to discuss this emerging health threat, I doubt that anyone there would have envisaged that an organisation like VAC/GMHC would still be taking that fight into the new century and beyond.

As other AIDS Councils around Australia approach their 20 or 25 year milestones, there has been reflection on how we got to where we are today. In the past year, for example, I have been involved in work in Queensland and the ACT to document the history of their HIV/AIDS organisations. Not surprisingly, these historical accounts are often contested. How people, looking back, view key events often depends on where they stood on issues that were in dispute.

Dennis Altman wrote very early in the epidemic 'AIDS is the most political of diseases' and that is one element of our work that has not changed. The way in which politics play out within AIDS organisations has changed—many of us think for the better—and we have become more adept at focusing on issues rather than personalities.

Our engagement with the politics of AIDS at a government level has also changed over time. The decision by the Victorian Government not to re-establish a Ministerial Advisory Committee on HIV and AIDS, but to instead establish an HIV Taskforce as part of a broader Sexual Health and Viral Hepatitis Forum, has shifted the focus for the HIV partnership. The most immediate effect of this has been a substantial downgrading of care and support issues, as the Taskforce has been asked to focus on HIV prevention and have had no members appointed with expertise in care and support. Addressing this imbalance will be a focus of advocacy for VAC/GMHC, its community and other partners in 2010. In particular, we will be making the point emphatically that care and support for people living with HIV/AIDS deserves government, clinical and community attention and a high quality response in its own right and not just as a form of secondary HIV prevention.

One thing that has not changed in the past quarter century is the fundamental importance of volunteers and their role in extending the reach of our services. In every part of our organisation these unpaid workers are at the front line of our engagement with the community. I would like to acknowledge, thank and pay tribute to the thousands of volunteers who have worked with us over the past 25 years. They are a significant part of what makes us a community based organisation.

Finally, I would also like to thank all those people whose contribution to our work continues to sustain and inspire. The President, Kevin Guiney, and the Board have continued to focus on the strategic challenges in a rapidly changing environment. The management team and the staff motivate me with their commitment and their dedication to a robust community based response to the epidemic. Our community and business partners and our partners in the clinical and research arenas strengthen and add depth to our response. Thank you all for your amazing contributions over the past 25 years and I look forward to continuing and strengthening these partnerships.



Board Report

Board Work Plan

As in previous years, the Board's planning day, held soon after its election, determined the year's work plan. Monitoring the progress of this work plan is a standing agenda item for Board meetings throughout the year. A Board Briefing Paper accompanies all substantive matters that go to the Board for consideration and the Board considered twenty-four such papers this year.

The Board established a number of committees to facilitate its work. The committees are able to work through a level of detail that would be impossible at a Board meeting and this enables the Board to draw on a wider pool of expertise to progress its work. The committees this year were the Finance Committee, the Research Promotion and Ethics Committee, the Political Organising Committee, and the Fundraising and Marketing Committee.

The Board extends its thanks to all of the external committee members who assisted its work.

Financial Reports

This year, for the first time, VAC/GMHC passed the \$5 million milestone in operating revenue. It was a tighter year for us financially although we

posted a respectable surplus of just over \$100,000. Further, we were able to make an additional contribution to bring our maintenance fund for the Claremont Street building up to \$150,000. This is a prudent allocation to cover foreseeable future expenses like painting or carpeting the building or replacing the airconditioning—expenses which it would be unreasonable to meet out of a single year's budget. In anticipation of the Government's introduction of a portable long service leave scheme for the community sector, we have also made full provision in this year's accounts for long service leave for all VAC/GMHC staff.

The Board would also like to especially acknowledge the ongoing generosity of our corporate partners. In particular, Oz Showbiz Cares/Equity Fights AIDS, has made a major contribution to our fundraising this year, through their continued coordination of bucket collections in theatre foyers. MAC Cosmetics, through their MAC AIDS Fund proceeds from the sale of VIVA GLAM lipstick and lipglass continues as the major donor to the David Williams Fund. DaimlerChrysler Australia/Pacific Pty Ltd have continued their donation of a Mercedes Benz Viano van, providing transport and outings for the PLC and other HIV sector organisations.



Bill Calder
Kevin Guiney
President
Michael Williams
Laura Redgrave
Mike Kennedy
Val Sands
Grant Davies
Vice-President/Secretary
Don Hay
Staff Representative
Mark McColl
Treasurer
Paul Kidd (absent)
PLWHA Victoria Nominee

Health Infrastructure Reform

On 1 July 2009, the most significant reform to health sector funding since the introduction of Medicare came into effect. All Commonwealth health funding for Victoria has been rolled into the Australian Health Care Agreement. However this Agreement and the National Partnership Agreement on Preventive Health make no specific mention of HIV or STIs. While this is not likely to have any immediate impact on our work, it does mean that we now have the weakest link between these high level Commonwealth-State funding agreements and our work in HIV and STIs.

The Board has spent a good deal of time this year discussing the new National Strategies that are scheduled to be finalised by November 2009 and the new State Strategies that will be completed early in 2010. In particular, the Board's view is that the new State Strategies need to set firm targets and outcomes within the framework of the National Strategies and that funding contracts should be framed in the context of these targets and outcomes. The groundwork done by your Board this year puts VAC/GMHC in a strong position to advocate on the community's behalf for the remainder of 2009/10 during the development of these National and State Strategies.

Legislative and Policy Frameworks

The Victorian Government is currently drafting the Regulations to accompany the Public Health and Wellbeing Act 2008 which is due to come into effect on 1 January 2010. The Board has already expressed its concerns about the legislative framework striking an appropriate balance between protecting public health and respecting individual rights. We are concerned that the process of drafting and releasing the Regulations has been a slow one (the Act received assent on 2 September 2008) which will leave limited time for meaningful consultation. However, the Board will use whatever opportunities are presented to put our views forward about an appropriate legislative and public policy framework.

We have continued our work, with international partners from the community sector, to draw the attention of legislators to the futility of using the criminal law rather than public health law to prevent HIV transmission and provide support for people whose behaviour may be putting others at risk of infection. There is a growing body of evidence that criminal law responses can increase, rather than prevent, HIV transmission, but globally governments still tend to favour criminal laws over properly designed and funded public health approaches.



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Counselling Services Program

Mike Kennedy

The Victorian AIDS Council has been providing Counselling Services, using professionally accredited volunteer counsellors, since early in the life of the organisation. It is not entirely clear when the first counsellors started working with VAC but the 1987/88 Annual Report makes mention of an increased demand for these services, so that dates the service from at least 1986.

We have seen significant changes in the epidemic since those early days. Counselling Services has moved around the organisation and grown to encompass a mix of paid staff, professional volunteers, clinical supervisors, interns and students. Our services have changed to meet the needs of clients and the changes in the HIV epidemic increasing from individual counselling to include couples counselling and therapeutics groups. We have increased our work with other community sector organisations like the Men's Referral Service and the Australian Association of Relationship Counsellors so that generalist and community based services are more aware of and sensitised to HIV and GLBTI issues.

This year the Counselling Services Program conducted 2,236 face to face and 226 telephone counselling sessions which was marginally down on last year, in part because of changes to Medicare which enable people to access Medicare benefits for private counselling.

Our therapeutic groups continue to meet client needs and demand for places is constant. In addition to our Negative Partners Group (run in conjunction with PLWHA Victoria), Anxiety Group, and ReVisioning Group (Men's Behaviour Change), we were very pleased this year to be able to run a therapeutic group for women living with HIV.

In 2007, the Department of Human Services funded an external review of HIV services in Victoria. The review report recommended the establishment of a 'state-wide, community based, therapeutic counselling service for people with HIV in Victoria' bringing together existing community based counselling services. In 2008, DHS commenced discussions with VAC/GMHC and Positive Counselling to progress the establishment of a single community based agency.

Both organisations are committed to working with the Department of Health to create a stronger service that retains the best elements of both and incorporates the ability to change and grow to meet client needs.

Finally, I would like to thank all the staff, volunteers, students, interns, and clinical supervisors who have contributed to the excellent service the Program has delivered. I would also like to thank and acknowledge the work of Nicci Rossel and Ros Lyall who each managed the Program for part of this year. In particular, Nicci's seven years as Program Manager saw the introduction of many systems that we will take forward into the new structure.





Health Promotion Program

Colin Batrouney

In 1984, working as a volunteer for the Victorian AIDS Council, I created two stickers designed to create awareness of HIV and the need for condom use. We had a budget of \$500. One read 'Cum On Me, Not In Me!' and the other read 'AIDS Is Real, Use Condoms'. They were simple stickers that were quickly plastered all over metropolitan Melbourne, playing a small part to establish a safe sex culture in the early days of the epidemic.

In 2009, 25 years later, the Health Promotion Program at VAC/GMHC is a major service delivery area of the organisation which is funded to implement a program of activities, including large scale community campaigns. At present we have a condom reinforcement campaign (Protection) that has been running for 18 months which includes print advertisements in the gay press, booklets, safe cards, postcards and a website. The Drama Downunder campaign has also been running for 18 months and is the first campaign the organisation has been able to implement in the mainstream, utilising billboards, and large scale posters on metropolitan bus, train and tram shelters. Finally, the cornerstone of our campaign work is the 'Staying Negative' campaign which draws on the real-life stories of gay men living through an ongoing epidemic. All our campaigns are supported by press advertisements, radio commercials and electronic media (websites and banner advertising). All of this activity appears to be paying off with the Protection and Drama Downunder campaigns enjoying better campaign recognition and comprehension data (as evaluated by the Burnet Institute) than any campaign in the organisation's history.

Over 25 years the HIV/AIDS epidemic in Victoria has presented the organisation with a number of significant challenges and health promotion has been at the forefront of our response from the outset. We now have a funded recurrent budget of over \$1 million to sustain our diverse program of activities. These include outreach to sex-on-premises venues, sex parties, clubs and bars; online outreach; a broad program of peer education options ranging from young men on the verge of coming out to older gay men in relationships; and an emerging program of therapeutic groups that look at the psychosocial health and wellbeing of gay men.

In terms of program evaluation we've also grown substantially over the past 25 years. We have gone from sporadically evaluating some parts of our program, to building evaluation into our projects at the planning stages. In addition, this year we have partnered with the Australian Federation of AIDS Organisations to inaugurate a national evaluation audit of HIV/AIDS health promotion programs that target gay men and other men who have sex with men.

Finally, our work with the Department of Human Services in 2008/09 has meant that the Program is embarking on an exciting new project, working in collaboration with PLWHA Victoria, centred on community development with sexually adventurous men. These are men who are very well versed in sexual health, testing and treatment of STIs but due to the nature and breadth of their sexual experience can be more at risk of HIV acquisition than other gay men. Our work with these men will put us in a position to provide them with opportunities for input into the development of their own health promotion initiatives.

HIV Services Program

John Hall

Reflecting upon 25 years of care and support services offered by VAC/GMHC, the outstanding feature is how the organisation has continued to evolve, adapt and re-invent itself to meet the demands of the changing nature of the HIV/AIDS epidemic. Throughout these changes we acknowledge the work of staff, allied agencies, community and government. In particular we acknowledge volunteers who are the heart and backbone of our response.

We also recognise the invaluable ongoing partnership with the HIV Team at the Royal District Nursing Service. Twenty years on they continue to be a fundamental partner in our response and provision of service. RDNS provides a 24 hour on call resource to our mutual clients, volunteers and staff alike (a response conceived some 19 years before the State health services implemented a similar concept with 'nurse on call'). This vital partnership ensures that each organisation can meet the ongoing clinical and community challenges of providing effective client care and enhancing staff expertise and training opportunities.

Twenty five years of VAC/GMHC achievement and outstanding service delivery have been driven, not only by community goodwill, but when necessary, direct advocacy and lobbying for change. This advocacy has taken place despite, and at times because of, changing political environments and social priorities.

Who can forget the role of the community in the establishment of health services at Fairfield Hospital, the hundreds of VAC/GMHC volunteers who trained there and did their 'clinical placement' on the wards at Fairfield, the discourse about closure of Fairfield Hospital or the work undertaken to ensure Fairfield House at The Alfred was indeed built?

The issue of stigma and discrimination motivated suburban housewives and grandmothers to become eloquent spokespersons, to talk calmly, with compassion and insight to raise the awareness and collective political consciousness of the community.

Who can forget the role people like Joan Golding have played in getting the message across by speaking at schools, talking with grieving families and addressing hardened politicians on their own turf in Parliament?

Limited resourcing and funds to underpin services, whilst potentially fatal to any organisation, only created more opportunities for volunteers, the gay community and those affected by HIV/AIDS, particularly through local connection and at a grass roots level.

Who can forget the red ribbon bears and the evolution of red ribbon badges which volunteers, in their hundreds, brought to the public domain?

To maintain enthusiasm and community engagement for over a quarter of a century is no mean feat and stands as a testament to those who have gone before: clients, volunteers and staff. It is all the more amazing given our response has been built from grass roots activism and achieved with such limited resources.

Over the past twenty five years:

Community Support Program (CSP)

- / 2,600 volunteers, in local teams across Melbourne & Geelong, have supported clients with a range of services, peaking at 1,000 volunteers in the mid-nineties prior to the introduction of HAART.
- / 1,400 clients have had volunteers play a crucial role in their support, empowering them to live in their own environments for as long as practicable.
- / CSP and the Royal District Nursing Service (RDNS) signed a formal partnership agreement (established 1990) bringing flexible clinical resources to clients, volunteers and staff.
- / 25,000 medical transport appointments were provided by the volunteer transport system.
- / Support services have evolved from 'end stage' care to providing a range of practical assistance, outings and activities, with a particular focus on alleviating social isolation.
- / A partnership with Oz Showbiz Cares/Equity Fights AIDS has been established to finance client retreats throughout the year.
- / Volunteers have provided hundreds and thousands of hours of unpaid work which is beyond calculation and priceless.

Who can forget the early days when there was a client death each week and volunteers rose to the occasion to offer care and support?

Positive Living Centre

- / The PLC was established in 1993, located in St Kilda, to create a safe community space for those infected and affected by HIV.
- / In 2002 an opportunity arose to realign services and co-locate all HIV services to the present PLC.
- / The PLC membership has doubled since the new Commercial Road Centre opened, and currently stands at 1,350, or a quarter of the known positive community in Victoria.
- / The Pantry grocery service has grown to provide even healthier options for those requiring the service, now offering fresh fruit and vegetables, dairy products and a range of pantry staples.
- / Nutritional Services (brunch, lunch and dinners) have attracted more clients with an increased focus on healthy eating.
- / The Peer Support program was established in 1989. During this time 35 facilitators have been trained, 80 groups conducted and over 900 people have participated. The Peer Support program has also worked in collaboration with Positive Women and Straight Arrows in their training programs.

Who can forget the public discourse, debates and deputations from local communities AGAINST the establishment of the PLC, prior to the St Kilda location being found?

David Williams Fund (DWF)

- / DWF was established in 1986 to provide financial services and support to improve the financial health and emotional wellbeing of people living with HIV.
- / DWF has grown to have over 1,100 members.
- / An invaluable partnership and working relationship with MAC Cosmetics has assured ongoing funding.
- / The Fund's focus has expanded from emergency financial assistance to include financial literacy workshops, financial counselling pathways and return to study assistance.

Who can forget the days when no financial assistance existed? David Williams was aware of the need and through his family saw to it that his bequest estate established the fund for this purpose.

In Home Support Program (IHSP)

- / Community representatives identified a need for supported accommodation for PLWHA most impacted on by the virus.
- / Seed funding was granted by the Federal Labor Government in 1996 to acquire six properties in the South/Eastern region with easy access to The Alfred Hospital.
- / In 1997 six properties were acquired and auspiced by AIDS Housing Action Group (AHAG). In 2000 the auspice was transferred to VAC/GMHC.
- / In 2007 IHSP integrated with the HIV Services Program of VAC/GMHC and acquired five more properties in Yarraville, with a sixth obtained in 2009, establishing a new community living model.
- / IHSP has grown to the point where, in 2008/09, 11 clients were case managed in IHSP properties, 13 clients received outreach services, 5,612 hours of paid attendant care and 1,009 transports were provided.

Who can forget the acute problems that existed and still exist for many PLWHA who do not have appropriate, affordable and accessible housing?

It may only be in recent times that the political jargon 'social inclusion' was coined, however this term aptly summarises the work that the HIV Services Program has undertaken over the past twenty five years; endeavouring to 'normalise' a person's experience, to provide the optimum opportunity for them to be actively engaged in life, to be safe, secure, housed, valued and respected.



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The Centre Clinics

Dr Louise Owen

The Centre Clinics provide holistic primary health care for the community we serve in a pleasant and welcoming environment. We aim to foster links with other health care providers in this field to maximise health outcomes. We provide excellence in health care especially in the fields of HIV/AIDS and sexual health.

The Centre Clinics are known to be centres of excellence for HIV/AIDS clinical management. In 2008/09 we have continued to improve efficiencies and general delivery of services and have had a constant stream of new patients. This year the Centre Clinics saw an additional 256 new clients use our service at either our Northcote or St Kilda site, with over 4,000 registered clients now accessing our clinics. Our staff of doctors, nurses (sexual health and clinical research) and reception team aim to deliver exceptional health care in a timely manner.

Since August 2008 we have had a Melbourne Sexual Health Centre nurse working almost full time at the St Kilda clinic. This is a pilot project exploring the effect of integrating sexual health nurses into high caseload General Practice settings. Our nurse, Simon Powell, has been conducting STI screening, which is available to our patients and also the general population of gay men and other men who have sex with men. We believe this is a service that improves the health and wellbeing of the communities we serve. Simon is also involved with the creation of Multidisciplinary Care Plans—routine blood collection, vaccination and identifying groups at risk and assisting people living with their chronic disease. He is also available to discuss Antiretroviral Medication regimes and adherence issues.

Improving links with tertiary hospitals is continuing, with an Alfred Hospital Patient Co-ordinator attending our clinic weekly, improving the co-ordination of care and regular education meetings for the clinical staff.

The Centre Clinics maintain accreditation as training centres for doctors interested in Advanced Sexual Health Training. This accreditation continues to enable us to be at the forefront of training new specialists to work in this field of medicine. On occasion, the Clinics accept senior medical student placements.

All medical staff at the Centre Clinics attend regular updates and scientific meetings to ensure they are aware of the latest national and international guidelines. Staff have also developed stronger ties within Southcity GP Services, a member network of more than 100 practices within the inner south of Melbourne. This association enhances the skills and experience of our General Practitioners and their staff and offers a range of training, resources and support services to assist our GPs and practice staff in the everyday business of running a modern practice. In 2008 Southcity presented Clinical Director Dr Louise Owen with the award for 'GP of the Year' in recognition of her exceptional contribution to general practice within the Southcity region.

We continue to be involved in clinical research projects and trials, often in collaboration with different national bodies, including the National Centre in HIV Epidemiology and Clinical Research, the Burnet Institute and tertiary hospitals. Doctors from the clinic have also been involved in PLWHA and community forum events, offering support and education.

Strategic Development & Allied Services Program

Fiona Tunley

In celebrating 25 years, we acknowledge those people who founded VAC/GMHC and established sound, robust business structures. Built from the community, these structures, although adjusted in response to the growing needs of the organisation and changes in the epidemic, remain at their core a structure of sound governance, financial management, executive and administrative support and a sophisticated response to technological change.

The SDAS Program ensures that VAC/GMHC operations, as identified in the *Strategic Directions 2008–2011* and subsequent *Operational Plans*, strategically dovetail into and reinforce the Victorian State and National HIV/AIDS and STI strategies. Currently the National Strategies are under review and once again we will work in partnership with government to ensure the goals of these strategies are realised and that VAC/GMHC develops aligned work plans and services.

This year we have been working consistently with i2 Management on the development of a new centralised VAC/GMHC database and contact management system. i2 Management is a provider of systems integration and software applications and includes a team of consultants and IT engineers who have guided the development of our new database. We wish to acknowledge the work that they have done with us this year and in particular the pro-bono top up of service that we would otherwise be unable to afford.

During the year we made significant improvements to the reception and meeting room areas of the South Yarra office, making it a more welcoming environment for our clients, volunteers, staff and community more generally. In relation to 'a welcoming environment', we wish to acknowledge the contribution of our day reception and night manager volunteers who provide a professional service and who have enabled us to offer services to clients and community groups in the evenings.

Finance & Human Resources

The Finance and Human Resources program is an integral part of the Victorian AIDS Council's operations. Indeed 25 years ago, the role of Finance Officer was the second staff position created within VAC/GMHC, at the time recognising the importance of good stewardship and support in building and protecting VAC/GMHC's long term interests. Today, the Finance and Human Resources program continues to successfully manage the financial and statutory requirements of the various tax and legislative requirements of not-for-profits. During the year the program managed and maximised the utility of the organisation's resources through prudent cash flow management, asset protection and provision of timely reports to management and the Board of Directors.

This year SDAS again fulfilled organisational HR requirements ensuring that the current 49 employees were provided the best possible HR guidance, support and orientation to the organisation. VAC/GMHC works to Industrial Award specifications and is resolute to provide a well resourced, safe, culturally healthy and highly productive workplace. This resolve is strengthened by associated HR policies and management systems.

Information Technology

This year has been one of consolidation for Information Technology where we continued to update and maintain our infrastructure. In recent years we have strived to ensure that we have modern hardware and software that is fully supported by

the manufacturer or developer. To that end a new file, email and print server was installed at the PLC during April. This year we were again assisted by Microsoft Australia through the DonorTech program, which enabled us to purchase all the Microsoft software needed for the server at a fraction of the normal purchase price. Aside from the server we also updated several computer workstations, primarily at the Claremont Street site. In order to increase our capacity and capability we also purchased a range of smaller hardware and software items, for example a new backup tape drive for Claremont Street and sound editing software for the Health Promotion Team.

Fundraising

Fundraising has been a core part of VAC/GMHC's history since its inception. It has always bridged the financial gap between government funding and affording projects (which would otherwise not be funded) that assist us to reach our strategic goals. 2008/09 has been another successful year in bridging this funding gap.

For VAC/GMHC, events have always been an effective tool to raise money and HIV/AIDS awareness and have over the years been known to bring together a diverse range of community groups, corporate sponsors, fashion designers and the media in response to the HIV/AIDS epidemic. This year we continued this tradition by holding the hugely successful Short & Girly Comedy Show starring, amongst others, VAC/GMHC life member Rachel Berger and special service award recipients Judith Lucy and Denise Scott.

This year we launched the 'Committed to the Cause' monthly giving program. Receiving donations on a regular monthly basis creates a degree of donor financial stability which assists us to plan ahead and commit to longer term projects. The next phase of this project is to launch face to face monthly donor recruitment. Melbourne based company Public Outreach has been engaged to conduct a trial of this program. If successful, this initiative will double the number of donors to the organisation.

Corporate links were strengthened this year with MAC Cosmetics donating over \$160,000 to the David Williams Fund. Since 1986, when the David Williams Fund was first established, the majority of fundraised money has been directed to this non-government funded program. Over the years DWF has distributed in excess of a million dollars of fundraised money to people in need.

1 December 2008 marked the 20th anniversary of World AIDS Day and the sale of red ribbons has been a cornerstone of VAC/GMHC fundraising since the early 90s. World AIDS Day 2008 saw a successful collaboration between Anglicorid, VAC/GMHC and artist Katie Langmore for the photographic exhibition *About Face: Turning the Tide on HIV/AIDS in South Africa*. Awareness was also heightened by a major television campaign initiated by the AIDS Trust of Australia and voiced by Marcia Hines. This TV commercial promoting World AIDS Day was screened on all major TV networks both paid and free to air.

Volunteerism

Volunteerism, the way and reasons why people volunteer, has changed over the past few years. This change has been discussed academically and theorised widely by those who work in the volunteer sector. Volunteerism, like most things, mirrors and reflects an evolving society and the communities in which we live and it seems we are seeing the next phase of change reflected in the way people are volunteering at VAC/GMHC.

More volunteers are looking for a shorter term or one-off volunteer experience, something that was very evident at our 2008 World AIDS Day events where the majority of the people who participated did so as a one-off volunteering commitment. This has significant implications for volunteer recruitment and management.

At the other end of the scale, more volunteers seem to be taking on multiple roles within the organisation, and being supervised by a different staff member in each role. We are also seeing an increase in internal recruitment for volunteer positions tailored to specific skill sets, with volunteers also working in new areas of the organisation, resulting in more VAC/GMHC staff becoming supervisors of volunteers.

These changes in how people are volunteering, reflected throughout the volunteer sector, mean that we now, more than ever, need to develop and implement standardised volunteer procedures across all Programs of VAC/GMHC. This is being accomplished with the collaboration of the Volunteer Reference Group and volunteer supervisors throughout the organisation.

We are also starting to engage more actively with the wider volunteer sector, sharing the experience and knowledge gained over the last 25 years and learning from the experiences of other organisations through conference presentations, staff attendance at volunteer manager support networks and external training.

Through all of these changes our fantastic VAC/GMHC volunteers continue to be the backbone of the organisation, providing many of our front line services and also taking on support roles for these services. As indicated by the theme of National Volunteer Week 2009—*Volunteers: Everyday People, Extraordinary Contribution*—whether taking on an ongoing role for six months or sixteen years, or assisting with a short term project or one-off event, all our volunteers make a difference.

Volunteering Statistics

Current number of volunteers	278
New volunteers in 08/09	53
Volunteers completing Core Training in 08/09	45
Corporate volunteer hours in 08/09 (approx)	645

Victorian AIDS

Council Inc.

Financial Report

for the year ended 30th June 2009

Reg No A3609

Board of Directors' report for the year ended 30th June 2009

Your Board of Directors submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30th June 2009.

Board of Directors

The names of the Board of Directors throughout the year and at the date of this report are: Kevin Guiney, Grant Davies, Mark McColl, Valarie Sands, Laura Redgrave, Bill Calder, Mike Kennedy, Don Hay elect 26th Oct 2008, Michael Williams elect 26th Oct 2008, Paul Kidd appt 1st Jun 2009.

Sonny Williams res 10th Nov 2008, Guy Hussey res 10th Nov 2008, Jason Asselin term exp 26th Oct 2008 David Wain appt 10th Nov 2008 res 1st Jun 2009.

Incorporation

The Victorian AIDS Council Inc. was incorporated on 16th January 1985.

Principal Activities

The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by HIV/AIDS, especially gay and bisexual men.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Financial Results

The profit for the year was \$107,629 (2008: \$537,908) and no provision for income tax was required as the association is exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

Statement by the Board of Directors for the year ended 30th June 2009

The Board of Directors has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Directors the financial report as set out on pages 16 to 21:

- (a) Presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30th June 2009 and its performance and cash flows for the year ended on that date.
- (b) At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

Income Statement for the year ended 30th June 2009

	Note	2009 \$	2008 \$
Income			
Bequests, fundraising & sales		154,239	158,262
Donations		310,573	288,478
Fees received		494,202	408,697
Grants received		4,096,437	3,940,524
Interest received		126,394	129,859
Membership fees		3,220	4,273
Other income		25,494	32,384
		5,210,559	4,962,477
Expenditure			
Attendant care		109,157	165,218
Building maintenance		149,095	115,434
Consultants fees		226,879	96,700
Depreciation		92,088	97,870
Emergency relief grants		91,910	94,754
Interest paid		32	41
Other operating expenses		1,656,706	1,600,626
Rental expense on operating leases			
– minimum lease payments		84,376	93,200
Salaries, superannuation and on-costs		2,647,260	2,113,552
Telephone		45,427	47,174
		5,102,930	4,424,569
Profit after income tax	1(d)/3	107,629	537,908
Retained profits at the beginning of the financial year		1,290,760	752,852
Retained profits at the end of the financial year		1,398,389	1,290,760

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Balance Sheet as at 30th June 2009

	Note	2009 \$	2008 \$
Current Assets			
Cash and cash equivalents	4	3,033,386	2,436,156
Trade and other receivables	5	188,539	174,168
Total current assets		3,221,925	2,610,324
Non-Current Assets			
Plant and equipment	6	227,978	311,707
Total non-current assets		227,978	311,707
Total assets		3,449,903	2,922,031
Current Liabilities			
Trade and other payables	7	1,729,265	1,376,104
Employee entitlements	8	322,249	255,167
Total current liabilities		2,051,514	1,631,271
Total liabilities		2,051,514	1,631,271
Net assets		1,398,389	1,290,760
Members' Funds			
Retained profits		1,398,389	1,290,760
Total members' funds		1,398,389	1,290,760

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Cash Flow Statement for the year ended 30th June 2009

	Note	2009 \$	2008 \$
Cash flows from Operating Activities			
Receipts from members		3,220	4,273
Core funding grant receipts, donations & bequests		4,599,686	4,387,264
Receipts from sales of publications & services		513,462	441,081
Interest received		110,566	129,859
Payments to suppliers and employees		(4,795,297)	(4,385,162)
Net cash provided by operating activities	B	431,637	577,315
Cash flows from Investing Activities			
Purchases of plant and equipment		(8,359)	(79,673)
Net cash (used in) investing activities		(8,359)	(79,673)
Cash flows from Financing Activities			
Net increase in cash held		423,278	497,642
Cash at the beginning of the financial year		2,389,042	1,891,400
Cash at the end of the financial year	A	2,812,320	2,389,042

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Note A—Reconciliation of cash

For the purposes of the cash flow statement, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the cash flow statement and is reconciled to the related items in the balance sheet as follows:

Cash at bank	3,008,244	2,409,710
Cash on hand	5,350	4,140
Interest bearing deposits	8,048	7,365
Support group bank accounts	11,744	14,941
Bank overdraft – (unsecured)	(221,066)	(47,114)
	2,812,320	2,389,042

Note B—Reconciliation of net cash provided by operating activities to profit after income tax

Profit after income tax	107,629	537,908
Non-cash flows in profit after income tax:		
Depreciation	92,088	97,870
Building maintenance fund	50,000	50,000
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(14,371)	(24,513)
Increase/(decrease) in trade and other payables	129,209	(76,587)
Increase/(decrease) in employee entitlements	67,082	(7,363)
Net cash provided by operating activities	431,637	577,315

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.

THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

1. Statement of Significant Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1981 (Vic). The Board of Directors has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

AASB 101—Presentation of Financial Statements
AASB 107—Cash Flow Statements
AASB 108—Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110—Events Occurring After Reporting Date
AASB 112—Income Taxes
AASB 116—Property, Plant and Equipment
AASB 117—Leases
AASB 118—Revenues
AASB 1031—Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(a) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

(b) Membership Subscriptions Income

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

(c) Plant and Equipment

Each class of plant and equipment are included at cost less depreciation and impairment losses or at independent valuation.

The carrying amount of plant and equipment is reviewed annually by the board to ensure that it is not in excess of the recoverable amount from these assets.

The depreciable amount of all fixed assets except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance value over their useful lives to the association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Plant and equipment	6%
Office furniture	6.6%
Motor vehicles	25%
Leasehold improvements	10%
Computer equipment	20%

1. Statement of Significant Accounting Policies (cont)

Depreciation rates are based on those recommended by the Department of Human Services. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained profits.

(d) Income Tax

The association has been granted exemption from income tax under Section 50–15 of the Income Tax Assessment Act 1997, as amended.

(e) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Notes to the financial statements for the year ended 30th June 2009

	2009	2008
	\$	\$
2. Operating Revenue		
Bequests, fundraising & sales	154,239	158,262
Donations	310,573	288,478
Fees received	494,202	408,697
Grants received	4,096,437	3,940,524
Interest received	126,394	129,859
Membership fees	3,220	4,273
Other income	25,494	32,384
	5,210,559	4,962,477

3. Profit after Income Tax

Profit after income tax has been determined after:

Crediting as income:

Interest received 126,394 129,859

Charging as expenses:

Interest paid 32 41

Depreciation of plant and equipment 83,201 97,870

Auditors' remuneration

– Auditing the accounts 11,500 10,000

– Other services 3,500 7,500

4. Cash and Cash Equivalents

Cash at bank 2,712,439 2,140,304

Cash at bank – employee entitlements 295,805 269,406

Cash on hand 5,350 4,140

Interest bearing deposits 8,048 7,365

Support group bank accounts 11,744 14,941

3,033,386 2,436,156

5. Trade and Other Receivables

Accrued revenue 1,547 17,375

Prepayments 24,005 15,041

Sundry debtors 9,485 3,251

Unsecured loan –

Gay Men's Health Centre Inc. 123,502 118,501

Unsecured loan – AIDS Trust Australia 30,000 20,000

188,539 174,168

	2009	2008
	\$	\$
6. Plant and Equipment		
Computer equipment at cost	670,686	670,686
Less accumulated depreciation	(606,989)	(597,500)
	63,697	73,186
Motor vehicle at cost	27,515	27,515
Less accumulated depreciation	(23,161)	(16,283)
	4,354	11,232
Leasehold improvements at cost	90,870	90,870
Less accumulated amortisation	(65,936)	(60,860)
	24,934	30,010
Office furniture at cost	682,502	674,143
Less accumulated depreciation	(547,509)	(476,864)
	134,993	197,279
	227,978	311,707
7. Trade and Other Payables		
Bank overdraft – (unsecured)	221,066	47,114
Building maintenance fund	150,000	100,000
Capital grant in advance (unexpended)	–	22,434
Grants in advance (unexpended)	1,155,798	161,602
GST payable	61,713	–
Trade creditors	89,801	63,595
PAYG payable	25,287	–
Project funds in advance (unexpended)	25,600	981,359
	1,729,265	1,376,104
8. Employee Entitlements		
Provision for annual leave	168,393	134,330
Provision for long service leave	153,856	120,837
	322,249	255,167
9. Leasing Commitments		
Operating lease commitments		
Rental properties & motor vehicles		
Payable – minimum lease payments		
– not later than 12 months	72,905	43,692
– between 12 months and 5 years	111,060	141,841
– greater than 5 years	–	–
Total lease liabilities	183,965	185,533

The association has two (2) property leases and seven (7) motor vehicle leases.

The property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Victorian AIDS Council Inc. (the association), which comprises the balance sheet as at 30th June 2009 for the year then ended, and the income statement, the cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

Board's Responsibility for the Financial Report

The board of management of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act 1981 (Vic) and are appropriate to meet the needs of the members. The board of management's responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion of the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the board of management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting under the Associations Incorporation Act 1981 (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Qualification

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

Qualified Auditor's Opinion

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraph, the financial report of Victorian AIDS Council Inc. presents fairly, in all material respects the financial position of Victorian AIDS Council Inc. as of 30th June 2009 and of its financial performance and cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act 1981 (Vic).

Clements Dunne & Bell Partnership Chartered Accountants



Andrew Wehrens Partner
Melbourne, 4th September 2009

Gay Men's

Health Centre Inc.

Financial Report

for the year ended 30th June 2009

Reg No A0010550F

Board of Directors' report for the year ended 30th June 2009

Your Board of Directors submit the financial report of the Gay Men's Health Centre Inc. for the financial year ended 30th June 2009.

Board of Directors

The names of the Board of Directors throughout the year and at the date of this report are: Kevin Guiney, Grant Davies, Mark McColl, Valarie Sands, Laura Redgrave, Bill Calder, Mike Kennedy, Don Hay elect 26th Oct 2008, Michael Williams elect 26th Oct 2008, Paul Kidd appt 1st Jun 2009.

Sonny Williams res 10th Nov 2008, Guy Hussey res 10th Nov 2008, Jason Asselin term exp 26th Oct 2008 David Wain appt 10th Nov 2008 res 1st Jun 2009.

Incorporation

The Gay Men's Health Centre Inc. was incorporated on 22nd August 1986.

Principal Activities

The principal activities of the association during the financial year was the provision of accommodation to the Victorian AIDS Council Inc, as the owner of the Claremont Street site.

Significant Changes

No significant change in the nature of these activities occurred during the current year.

Operating Results

The loss for the year was \$4,539 (2008: \$6,535 loss) and no provision for income tax was required as the association is exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

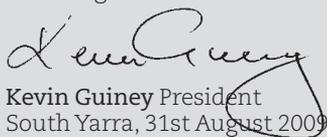
Statement by the Board of Directors for the year ended 30th June 2009

The Board of Directors has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Directors the financial report as set out on pages 24 to 28:

- (a) Presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30th June 2009 and its performance and cash flows for the year ended on that date.
- (b) At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

Income Statement for the year ended 30th June 2009

	Note	2009	2008
		\$	\$
Income			
Interest received		1	9
		1	9
Expenditure			
Auditors fees		4,500	5,000
Depreciation		–	1,174
Other expenses		40	370
		4,540	6,544
Profit/(Loss) after income tax	1(d)/3	(4,539)	(6,535)
Retained profits at the beginning of the financial year		1,062,645	1,069,180
Retained profits at the end of the financial year		1,058,106	1,062,645

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Balance Sheet as at 30th June 2009

	Note	2009	2008
		\$	\$
Current Assets			
Cash and cash equivalents	4	665	702
Total current assets		665	702
Non-Current Assets			
Property, plant and equipment	5	6,170,000	6,170,000
Total non-current assets		6,170,000	6,170,000
Total assets		6,170,665	6,170,702
Current Liabilities			
Trade and other payables	6	128,003	123,501
Total current liabilities		128,003	123,501
Total liabilities		128,003	123,501
Net assets		6,042,662	6,047,201
Members' Funds			
Reserves	7	4,984,556	4,984,556
Retained profits		1,058,106	1,062,645
Total members' funds		6,042,662	6,047,201

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Cash Flow Statement for the year ended 30th June 2009

	Note	2009	2008
		\$	\$
Cash flows from Operating Activities			
Interest received		1	9
Payments to suppliers & employees		(38)	(385)
Net cash provided by/ (used in) operating activities	B	(37)	(376)
Cash flows from Investing Activities		–	–
Cash flows from Financing Activities		–	–
Net increase/(decrease) in cash held		(37)	(376)
Cash at beginning of the financial year		702	1,078
Cash at the end of the financial year	A	665	702

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Cash Flow Statement for the year ended 30th June 2009 (cont)

	2009	2008
Note A—Reconciliation of Cash	\$	\$
For the purposes of the cash flow statement, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:		
Cash at bank	665	702
	665	702

Note B—Reconciliation of net cash provided by/operating (used in) operating activities to profit/(loss) after income tax

Profit/(loss) after income tax	(4,539)	(6,535)
Non-cash flows in profit/(loss) after income tax:		
Depreciation	–	1,174
Changes in Assets and Liabilities:		
Increase/(decrease) in trade and other payables	4,502	4,985
Net cash provided by/(used in) operating activities	(37)	(376)

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.
THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

Notes to the financial statements for the year ended 30th June 2009**1. Statement of Significant Accounting Policies**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1981 (Vic). The Board of Directors has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

- AASB 101—Presentation of Financial Statements
- AASB 107—Cash Flow Statements
- AASB 108—Accounting Policies, Changes in Accounting Estimates and Errors
- AASB 110—Events after the Balance Sheet Date
- AASB 112—Income Taxes
- AASB 116—Property, Plant and Equipment
- AASB 117—Leases
- AASB 118—Revenue
- AASB 1031—Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(a) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

(b) Employee Benefits

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

(c) Property, Plant and Equipment

Each class of property, plant and equipment are included at cost less depreciation and impairment losses or at independent valuation.

The carrying amount of plant and equipment is reviewed annually by the board to ensure that it is not in excess of the recoverable amount from these assets.

The depreciable amount of all fixed assets except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance value over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Plant and equipment	6%

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained profits.

(d) Income Tax

The association has been granted exemption from income tax under Section 50–15 of the Income Tax Assessment Act 1997, as amended.

	2009	2008
2. Operating Revenue	\$	\$
Interest received	1	9
	1	9
3. Profit/(loss) after Income Tax		
Profit/(loss) after income tax has been determined after:		
Crediting as income:		
Interest received	1	9
Charging as expenses:		
Depreciation of plant and equipment	–	1,174
Interest paid	–	–
Auditors' remuneration		
– Auditing the accounts	3,000	3,500
– Other services	1,500	1,500
4. Cash and Cash Equivalents		
Cash at bank	665	702
	665	702

5. Property, Plant and Equipment	2009	2008
	\$	\$
Freehold land and building—6–8 Claremont Street at independent valuation 30th June 2008	6,000,000	6,000,000
10 car parking spaces—11–17 Daly Street at independent valuation 30th June 2008	170,000	170,000
	6,170,000	6,170,000
Plant and equipment at cost	33,446	33,446
Less accumulated depreciation	(33,446)	(33,446)
	–	–
	6,170,000	6,170,000

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines, and have not been used in the purchase of the land, buildings or car parking spaces.

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were independently valued on 30th June 2008 by Mr. Gerard Browne Valuer, Assoc Dip Val (RMIT), Licenced Real Estate Agent, in accordance with a policy of property revaluation every two years.

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra will be revalued again at the 30th June 2010.

6. Trade and Other Payables

Unsecured loan – Victorian AIDS Council Inc.	123,503	118,501
Accrued creditors	4,500	5,000
	128,003	123,501

7. Reserves

Asset revaluation reserve	4,984,556	4,984,556
	4,984,556	4,984,556

Movements during the year:

Opening balance	4,984,556	2,434,556
Revaluation increment on freehold land and building	–	2,500,000
Revaluation increment on car parking spaces	–	50,000
Closing balance	4,984,556	4,984,556

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Gay Men's Health Centre Inc. (the association), which comprises the balance sheet as at 30th June 2009 for the year then ended, and the income statement, the cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

Board's responsibility for the Financial Report

The board of management of the association is responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are consistent with the financial reporting requirements of the Associations Incorporation Act 1981 (Vic) and are appropriate to meet the needs of the members. The board of management's responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion of the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the board of management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting under the Associations Incorporation Act 1981 (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor's Opinion

In our opinion, the financial report of Gay Men's Health Centre Inc. presents fairly, in all material respects the financial position of Gay Men's Health Centre Inc. as at 30th June 2009 and of its financial performance and cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act 1981 (Vic).

Clements Dunne & Bell Partnership Chartered Accountants



Andrew Wehrens Partner
Melbourne, 4th September 2009

Consolidated Financial Report

for the year ended 30th June 2009

Board of Directors' report for the year ended 30th June 2009

Your Boards of Directors submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. (collectively called 'the associations') for the financial year ended 30th June 2009.

Board of Directors

The names of the Board of Directors throughout the year and at the date of this report are: Kevin Guiney, Grant Davies, Mark McColl, Valarie Sands, Laura Redgrave, Bill Calder, Mike Kennedy, Don Hay elect 26th Oct 2008, Michael Williams elect 26th Oct 2008, Paul Kidd appt 1st Jun 2009.

Sonny Williams res 10th Nov 2008, Guy Hussey res 10th Nov 2008, Jason Asselin term exp 26th Oct 2008 David Wain appt 10th Nov 2008 res 1st Jun 2009.

Incorporation

The Victorian AIDS Council Inc. was incorporated on 16th January 1985 and the Gay Men's Health Centre Inc. was incorporated on 22nd August 1986.

Principal Activities

The principal activities of the associations during the financial year was that of providing support, education, and advocacy for all those affected by HIV/AIDS, especially gay and bisexual men and promoting the health and well being of gay and bisexual men.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Results

The profit for the year was \$103,091 (2008: \$531,373) and no provision for income tax was required as the associations are exempt from income tax.

Signed in accordance with a resolution of the Board of Directors.



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

Statement by the Board of Directors for the year ended 30th June 2009

The Boards of Directors have determined that the associations are not reporting entities and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Boards of Directors the financial report as set out on pages 30 to 36:

- Presents a true and fair view of the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30th June 2009 and their performance and cash flows for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Kevin Guiney President
South Yarra, 31st August 2009



Mark McColl Treasurer

Income Statement for the year ended 30th June 2009

	Note	2009 \$	2008 \$
Income			
Bequests, fundraising & sales		154,239	158,262
Donations		310,573	288,478
Fees received		494,202	408,697
Grants received		4,096,437	3,940,524
Interest received		126,395	129,868
Membership fees		3,220	4,273
Other income		25,494	32,384
		5,210,560	4,962,486
Expenditure			
Attendant care		109,157	165,218
Building maintenance		149,095	115,434
Consultants fees		226,879	96,700
Depreciation		92,088	99,044
Emergency relief grants		91,910	94,754
Interest paid		32	41
Other operating expenses		1,661,246	1,648,596
Rental expense on operating leases			
– minimum lease payments		84,376	50,600
Staff services and on costs		2,647,260	2,113,552
Telephone		45,426	47,174
		5,107,469	4,431,113
Profit after income tax	1(e)/3	103,091	531,373
Retained profits at the beginning of the financial year		2,353,405	1,822,032
Retained profits at the end of the financial year		2,456,496	2,353,405

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Balance Sheet as at 30th June 2009

	Note	2009 \$	2008 \$
Current Assets			
Cash and cash equivalents	4	3,034,051	2,436,858
Trade and other receivables	5	65,037	55,667
Total current assets		3,099,088	2,492,525
Non-Current Assets			
Property, plant and equipment	6	6,397,978	6,481,707
Total non-current assets		6,397,978	6,481,707
Total assets		9,497,066	8,974,232
Current Liabilities			
Trade and other payables	7	1,733,765	1,381,104
Employee entitlements	8	322,249	255,167
Total current liabilities		2,056,014	1,636,271
Total liabilities		2,056,014	1,636,271
Net assets		7,441,052	7,337,961
Members' funds			
Reserves	9	4,984,556	4,984,556
Retained profits		2,456,496	2,353,405
Total members' funds		7,441,052	7,337,961

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Cash Flow Statement for the year ended 30th June 2009

	Note	2009 \$	2008 \$
Cash flows from Operating Activities			
Receipts from members		3,220	4,273
Core funding grant receipts, donation & bequests		4,559,686	4,387,264
Receipts from sales of publications & services		513,462	441,081
Interest received		110,567	129,868
Payments to suppliers and employees		(4,795,335)	(4,385,547)
Net cash provided by operating activities	B	431,600	576,939
Cash flows from Investing Activities			
Purchases of plant and equipment		(8,359)	(79,673)
Net cash (used in) investing activities		(8,359)	(79,673)
Cash flows from Financing Activities			
Net increase in cash held		423,241	497,266
Cash at beginning of the financial year		2,389,744	1,892,478
Cash at the end of the financial year	A	2,812,985	2,389,744

THE ACCOMPANYING NOTES FORM PART OF THIS FINANCIAL REPORT.

Note A—Reconciliation of Cash

For the purposes of the cash flow statement, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the cash flow statement and is reconciled to the related items in the balance sheet as follows:

Bank overdraft – (unsecured)	(221,066)	(47,114)
Cash at bank	3,008,909	2,410,412
Cash on hand	5,350	4,140
Interest bearing deposits	8,048	7,365
Support group bank accounts	11,744	14,941
	2,812,985	2,389,744

Note B—Reconciliation of net cash provided by ordinary activities to profit after income tax

Profit after income tax	103,091	531,373
Non-cash flows in profit after income tax:		
Depreciation	92,088	99,044
Building maintenance fund	50,000	50,000
Changes in assets & liabilities:		
(Increase)/decrease in trade and other receivables	(9,370)	(19,019)
Increase/(decrease) in trade and other payables	128,709	(77,096)
Increase/(decrease) in employee entitlements	67,082	(7,363)
Net cash provided by operating activities	431,600	576,939

THE ASSOCIATION HAS NO CREDIT STAND-BY OR FINANCING FACILITIES IN PLACE.

THERE WERE NO NON-CASH FINANCING OR INVESTING ACTIVITIES DURING THE PERIOD.

1. Statement of Significant Accounting Policies

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1981 (Vic). The Boards of Directors has determined that the associations are not reporting entities.

The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1981 (Vic) and the following Australian Accounting Standards:

AASB 101—Presentation of Financial Statements

AASB 107—Cash Flow Statements

AASB 108—Accounting Policies, Changes in Accounting Estimates and Errors

AASB 110—Events Occurring After Reporting Date

AASB 112—Income Taxes

AASB 116—Property, Plant and Equipment

AASB 117—Leases

AASB 118—Revenues

AASB 1031—Materiality

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The consolidated financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(a) Principles of Consolidation

The combined financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. comprises the consolidated financial reports of both Associations. Any transactions between the two Associations or any monies owing or owed have been eliminated so as to present a report as if the two Associations were one entity.

(b) Grants Received

Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

(c) Membership Subscriptions Income

In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.

(d) Property, Plant and Equipment

Each class of property, plant and equipment are included at cost less depreciation and impairment losses or at independent valuation.

The carrying amount of plant and equipment is reviewed annually by the board to ensure that it is not in excess of the recoverable amount from these assets. The depreciable amount of all fixed assets except buildings but including capitalised leasehold improvements are depreciated on a diminishing balance value over their useful lives to the associations commencing from the time the asset is held ready for use.

1. Statement of Significant Accounting Policies (cont)

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Plant and equipment	6%
Office furniture	6.6%
Motor vehicles	25%
Leasehold improvements	10%
Computer equipment	20%

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained profits.

(e) Income Tax

Both the Associations have been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

(f) Leases

Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(g) Employee Benefits

Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

Notes to the financial statements for the year ended 30th June 2009

	2009	2008
2. Operating Revenue	\$	\$
Bequests, fundraising & sales	154,239	158,262
Donations	310,573	288,478
Fees received	494,202	408,697
Grants received	4,096,437	3,940,524
Interest received	126,395	129,868
Membership fees	3,220	4,273
Other income	25,494	32,384
	5,210,560	4,962,486

3. Profit after Income Tax

Profit after income tax has been determined after:

Crediting as income:

Interest received	126,395	129,868
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Charging as expenses:

Depreciation of plant and equipment	83,201	99,044
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Interest paid	32	41
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Auditors' remuneration

- Auditing the accounts	14,500	13,000
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- Other services	5,000	9,500
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4. Cash and Cash Equivalents

Cash at bank	3,008,909	2,410,412
Cash on hand	5,350	4,140
Interest bearing deposits	8,048	7,365
Support group bank accounts	11,744	14,941
	3,034,051	2,436,858

	2009	2008
	\$	\$
5. Trade and Other Receivables		
Accrued revenue	1,547	17,375
Prepayments	24,005	15,041
Sundry debtors	9,485	3,251
Unsecured loan – AIDS Trust Australia	30,000	20,000
	65,037	55,667
6. Property, Plant and Equipment		
Freehold land and building—6–8 Claremont Street at independent valuation 30th June 2008	6,000,000	6,000,000
10 car parking spaces—11–17 Daly Street at independent valuation 30th June 2008	170,000	170,000
Plant and equipment	33,446	33,446
Less accumulated depreciation	(33,446)	(33,446)
	–	–
Computer equipment at cost	670,686	670,686
Less accumulated depreciation	(606,989)	(597,500)
	63,697	73,186
Motor vehicle at cost	27,515	27,515
Less accumulated depreciation	(23,161)	(16,283)
	4,354	11,232
Leasehold improvements at cost	90,870	90,870
Less accumulated amortisation	(65,936)	(60,860)
	24,934	30,010
Office furniture at cost	682,502	674,143
Less accumulated depreciation	(547,509)	(476,864)
	134,993	197,279
	6,397,978	6,481,707

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines and not have been used in the purchase of the land, building or car parking spaces.

The land and building at 6–8 Claremont Street South Yarra and the 10 car parking spaces at 11–17 Daly Street South Yarra were independently valued on 30th June 2008 by Mr. Gerard Browne Valuer, Assoc Dip Val (RMIT), Licenced Estate Agent, AAPI in accordance with a policy of property revaluation every two years.

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra will be revalued again at the 30th June 2010.

	2009	2008
	\$	\$
7. Trade and Other Payables		
Bank overdraft – (unsecured)	221,066	47,114
Building maintenance fund	150,000	100,000
Capital grant in advance (unexpended)	–	22,434
Grants in advance (unexpended)	1,155,798	161,602
GST payable	61,713	–
Trade creditors	94,301	68,595
PAYG payable	25,287	–
Project funds in advance (unexpended)	25,600	981,359
	1,733,765	1,381,104
8. Employee Entitlements		
Provision for annual leave	168,393	134,330
Provision for long service leave	153,856	120,837
	322,249	255,167
9. Reserves		
Asset revaluation reserve	4,984,556	4,984,556
	4,984,556	4,984,556
Movements during the year		
Opening balance	4,984,556	2,434,556
Revaluation increment on freehold land and building	–	2,500,000
Revaluation increment on car parking spaces	–	50,000
Closing balance	4,984,556	4,984,556
10. Leasing Commitments		
Operating Lease Commitments		
Rental Properties & Motor Vehicles		
Payable – minimum lease payments		
– not later than 12 months	72,905	43,692
– between 12 months and 5 years	111,060	141,841
– greater than 5 years	–	–
Total lease liabilities	185,965	185,533

The association has two (2) property leases and seven (7) motor vehicle leases.

The property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

Report on the Financial Report

We have audited the accompanying consolidated financial report, being a special purpose financial reports, of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. (the associations), which comprises the balance sheet as at 30th June 2009 and the income statement, cash flow statement, a summary of significant accounting policies, other explanatory notes and the statement by members of the board of management.

Board's Responsibility for the Financial Report

The boards of management of the associations are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial reports, are consistent with the financial reporting requirements of the Associations Incorporation Act 1981 (Vic) and are appropriate to meet the needs of the members. The boards of management's responsibilities also include designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion of the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entities internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the boards of management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the boards of management's financial reporting under the Associations Incorporation Act 1981 (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Qualification

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

Qualified Auditor's Opinion

In our opinion, except for the effects on the consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial reports of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. presents fairly, in all material respects the consolidated financial position of Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as of 30th June 2009 and of their consolidated financial performance and consolidated cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the Associations Incorporation Act 1981 (Vic).

Clements Dunne & Bell Partnership Chartered Accountants



Andrew Wehrens Partner
Melbourne, 4th September 2009

Additional statistical financial information for the seven years ended 30th June 2009 (unaudited)

For the year ended	2009	2008	2007	2006	2005	2004	2003
	\$						
Income and Expenditure							
Total income	5,210,560	4,962,486	4,016,673	3,716,365	3,761,764	3,682,800	3,862,674
Government Funding	4,096,437	3,940,524	3,024,842	2,930,568	2,875,281	2,945,468	3,108,756
Members Fees	3,220	4,273	7,637	4,662	6,407	3,557	6,042
Interest	126,395	129,868	72,954	21,265	24,603	21,822	33,942
Other Income	984,508	887,821	911,240	759,870	855,473	711,953	713,934
Total expenditure	5,107,469	4,431,113	3,874,832	3,664,262	3,677,088	3,590,764	3,849,916
Profit/(loss)	103,091	531,373	141,841	52,103	84,676	92,036	12,758
Assets and Liabilities							
Current Assets	3,099,088	2,492,525	2,072,030	1,402,257	1,173,042	1,009,852	698,450
Property, Plant and Equipment ⁽¹⁾	6,397,978	6,481,707	3,951,079	3,974,103	3,646,550	3,662,872	3,246,670
Total assets	9,497,066	8,974,232	6,023,109	5,376,360	4,819,592	4,672,724	3,945,120
Creditors	1,733,765	1,381,104	1,503,990	1,029,021	860,523	827,957	637,294
Employee entitlements	322,249	255,167	262,531	232,592	226,425	196,799	216,739
Total liabilities	2,056,014	1,636,271	1,766,521	1,261,613	1,086,948	1,024,756	854,033
Reserves ⁽¹⁾	4,984,556	4,984,556	2,434,556	2,434,556	2,104,556	2,104,556	1,632,556
Members' funds	2,456,496	2,353,405	1,822,032	1,680,191	1,628,088	1,543,412	1,458,531
Financial Ratios							
Current Ratio	1.507	1.520	1.173	1.111	1.080	0.985	0.818
General Performance							
Employees;							
Full Time	25 (F)	24 (F)	24 (F)	28 (F)	23 (F)	30 (F)	26 (F)
Part Time	22 (P)	15 (P)	20 (P)	21 (P)	26 (P)	19 (P)	25 (P)
Volunteers	278	280	302	155	145	142	157
Members	448	446	370	405	425	448	404

⁽¹⁾ ALL BUSINESS REAL ESTATE PROPERTY IS OWNED BY THE GAY MEN'S HEALTH CENTRE INC AND WAS LAST REVALUED AS AT 30TH JUNE 2008.

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Awards 2008/09

President's Award

The Royal District Nursing Service (RDNS) HIV Clinical Nurse Consultants

The small but effective team of Clinical Nurse Consultants (CNCs) at the Royal District Nursing Service continues to have a major impact across the 'HIV spectrum', not only as clinical practitioners in the delivery of appropriate services but as dedicated advocates for the HIV infected and affected communities. VAC/GMHC's Partnership Agreement with RDNS, dating back 20 years, was a world first in bringing this unique 'marriage' of clinical and community services together to strengthen the response to the epidemic. Despite the changing nature of HIV/AIDS this model is just as valuable today as it was then. Together with HIV Services staff, the RDNS CNCs co-manage many clients which ultimately assists people to remain living independently and within their own communities for as long as practicable. RDNS actively contributes to our volunteer training and is an invaluable resource for staff on health and community care arrangements. Collectively the RDNS CNCs have over 50 years' experience working in HIV and with VAC/GMHC.

Judy Frecker is the CNC covering clients in the North/Western Region and provides linkages with both the Western and Royal Melbourne Hospitals for both RDNS and our clients. Her long involvement with HIV began at Fairfield Hospital nursing Victoria's 'patient zero'. Judy was an early advocate of community partnership and participated in the first on the job training of client support volunteers.

Liz Crock is the CNC for the North/Eastern Region which also covers the Royal Melbourne Hospital and The Alfred. Liz as a former Fairfield Hospital nurse witnessed first hand the events of that period of social change and saw what was needed and could be achieved using an effective clinical and community partnership model in regards to patient care, planning and service delivery. As a result of these experiences Liz went on to undertake her doctorate in Ethics & HIV and is now a member of VAC/GMHC's Research Promotion and Ethics Committee.

Nalla Burk first became involved in the HIV sector at the Royal Adelaide Hospital as an HIV liaison nurse between hospital services and community agencies. Nalla's CNC role covers the South/Eastern region which has a diverse client group including greater numbers of women and CALD communities, allowing her to be the nexus between those seeking services via Monash Medical Centre and other community agencies such as VAC/GMHC.

Judy, Liz and Nalla ARE the Royal District Nursing Service HIV Clinical Nurse Consultancy Team and bring vast expertise, knowledge and experience to support the rest of us working in the sector.

In this our 25th year, VAC/GMHC is proud to recognise the contribution these three women

have made to their own organisation, the HIV positive population, the community response and the ongoing debate about appropriate standards of care for those in need. We are proud of our ongoing partnership with the RDNS HIV Clinical Nurse Consultant Team.

Gay and Lesbian Community Award Country Awareness Network (CAN)

Country Awareness Network Victoria Inc. (CAN) is a community based, not for profit, membership organisation based in Bendigo and funded, in part, by the Department of Human Services Victoria (DHS).

CAN provides information, education, support, referrals and advocacy to Victorian rural and regional communities regarding HIV/AIDS, Hepatitis C, other Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs). This year, CAN, in partnership with VAC/GMHC and the ALSO Foundation, worked to develop and implement the 'Momentum' peer education workshops to facilitate the provision of HIV and STI information to rural gay and men who have sex with men communities.

Working from a similar model to the VAC/GMHC peer education project CAN, with VAC/GMHC and ALSO, adapted the content to be relevant to those men living in rural and regional Victoria and provided the link to key contacts, local groups, service providers and individuals. CAN and VAC/GMHC continue to work in partnership to implement these workshops in other centres in rural and regional Victoria.

We also acknowledge the amazing work that CAN do at Chillout, Midsumma and by raising money for VAC/GMHC during World AIDS Day.

General Community Award

National Australia Bank Employee Volunteer Program

The National Australia Bank (NAB) has been a great supporter of VAC/GMHC over the past few years.

All NAB employees are entitled to two days leave each year to do voluntary work for not for profit organisations in their community. Since March 2007 VAC/GMHC has benefitted from a monthly group of 4-6 volunteers who assist us by doing a range of administrative and resourcing tasks, including large mailouts, preparation of training materials, red ribbon making and collating safe sex packs—all tasks for which it has been difficult to find volunteers in the past. In the last year the relationship between VAC/GMHC and NAB has grown, resulting in:

- / NAB groups being 'on call' for when we need a large number of safe sex packs in a hurry.

- This year one such group set up a meeting room in their workplace as a 'safe sex packing' room and produced 40,000 packs in just 3 months.

- / Individual NAB volunteers working on specific projects such as sending out red ribbon

- merchandise in the lead up to World AIDS Day, online research, and proofreading and formatting training manuals.

- / NAB volunteers counting money for the World AIDS Day Street Appeal.

- / VAC/GMHC presenting a 'community partner' session for the NAB Specialist Leadership Program, a leadership development experience for NAB employees.

- / VAC/GMHC receiving a \$2000 grant from NAB. This grant program enables NAB employees, who volunteer at a not for profit, to nominate that organisation for funds. The grant we received will fund 3 months of professional supervision for VAC/GMHC Counselling volunteers.

During the year NAB employees volunteered approximately 580 hours which equates to a day and a half for every week of the year. We acknowledge and thank NAB for this incredible service to the community.

VAC/GMHC Special Service Award

Liz Brown

Liz Brown has volunteered with VAC/GMHC since early 2004 and continues to provide a valuable contribution to the Positive Living Centre today, offering her services as the resident Art Teacher one day per week. Liz is a talented artist in her own right, intelligent, capable, dedicated, and personable. She is always willing to put in extra effort to achieve positive outcomes for those who participate in her classes.

Liz's passion for her work and its impact on others is very apparent. Everyone is treated as a budding Picasso, Monet or Dali, inspired, perhaps, by her engaging and creative manner. Whatever the medium and whomever the person, Liz believes in nurturing her students. She believes in the creative spirit, and that everybody has one; it is just a matter of supporting the individual to find it.

Liz's view on art and its importance can be summed up in the following passage she wrote for the Positive Living Centre Newsletter:

'When looking at a work of art we should respond to the whole work. As an observer of art one can consider the sum of the appeal of the work, the organisation of the forms, its ability to evoke the ideals of the times, the originality, spontaneity and emotional intensity of the artist's vision. My art work has been many things to me. At times it has given me the opportunity to use it as a release from the many stresses that can complicate life. To lose oneself in colour and texture can assist in lifting those stresses. It can be very calming to respond to your emotions by moving paint around a canvas or to draw with sensitivity and passion in capturing a detailed subject. Regardless of how you may choose to create an art work, along with the personal satisfaction, your work can be a part of a healing process and a liberation of ideas and thoughts. Through your art you can achieve an exhilarating sense of freedom of the human spirit.'

By applying this philosophy, Liz has provided inspiration and motivation and also empowered participants to work on folios as a step in developing their lives through further education. One client was accepted into the Victorian College of the Arts as a direct result of her mentoring.

Liz's commitment to VAC/GMHC is evident and she consistently contributes to the success of the services offered at the PLC. She is an integral and important part of the team contributing significantly to our ongoing efforts to provide enhanced physical and mental health outcomes for people living with HIV/AIDS. Liz is truly an inspirational asset to our organisation and the sector.

VAC/GMHC Special Service Award

Outreach Project Volunteers

The volunteers of the Outreach project have made an amazing contribution to VAC/GMHC's community education work this year. At any given time there are about 20 members of this team who do extraordinary HIV/AIDS and sexual health promotion work, both online and in sex-on-premises venues (SOPV).

Whilst the Outreach Project has the expectation that each person will volunteer for one shift per month, many of the team work weekly or fortnightly shifts. This allows for continuity in the project, meaning that men visiting Melbourne Gaydar chatrooms can expect to see the Outreach Project online at the same time each week, ready to answer questions about HIV/STIs and sexual health in general. Similarly, men who attend SOPVs can expect volunteers to be present on a regular basis to answer similar questions.

The volunteers who work both online and in SOPVs offer a responsive service. This means we allow the men in these environments to decide for themselves when they are ready to ask a question. Often this question is one they never before felt confident asking, and can open the door to more detailed discussion about topics they have not felt safe discussing with other health professionals. Or indeed anyone!

VAC/GMHC Special Service Award

Greg Carter and Paul Cosgrave

Since 2002 Greg Carter and Paul Cosgrave have provided an incredible service to the Peer Education program. They are highly professional, dedicated, and committed to VAC/GMHC, its work and philosophies.

Their contribution has not only assisted hundreds of gay and bisexual men to make sense of their lives, but has also educated them about the importance of HIV/AIDS harm reduction and safe sex. Over the past few years, the program has undergone a major restructure in order to meet changes and new challenges. Both Greg and Paul have been there to support the process from the beginning and have helped to shape the program today.

In addition, Greg and Paul have gone beyond expectations as volunteer peer facilitators. In 2007, they proposed and implemented an initiative to take Peer Education to rural Victoria, beginning with a workshop in Bendigo in late 2008. This is an ongoing partnership project between VAC/GMHC, ALSO and CAN and another workshop has been scheduled in Shepparton for September 2009. Without Greg and Paul this project would never have been implemented.

Research Award

Anthony Smith and ARCSHS 'Mapping Gay Communities'

The Australian Research Centre in Sex Health and Society has just published the results of a study to map gay communities in Melbourne. With funding from the Department of Human Services, Anthony Smith, Jeffrey Grierson, Marian Pitts and Henry von Doussa have produced a comprehensive map of Melbourne gay communities that will assist VAC/GMHC to better target innovative interventions for HIV and STI prevention. Their 'map' identifies community groups that gay men belong to and identifies the strength of those associations across a range of key components of gay men's social and sexual lives. We have been amazed not only by the amount of data that has been crunched to produce this illuminating and useful tool, but by the lengths to which the team has gone to recruit participants. Particular mention must be made of Henry's efforts in producing the winning cake for the 2008 Great Aussie Bake Off depicting the wide range of groups that make up the Melbourne gay community.

Life Membership

Robert Mann

Robert Mann has been a volunteer with the Community Support Program (CSP) since 1994. He is a quiet achiever, whose dedication to the cause has enabled him to adapt to the many changes in the organisation and the volunteer program over the years, and he has served VAC/GMHC and the community in an exemplary manner.

Robert has taken on leadership roles throughout all phases of the Support Program's history. At the height of the HIV epidemic Robert was a Care Team Coordinator with both the East and South area groups, supporting teams of volunteers providing home care for clients. In those darker days, this commitment amounted to working with literally hundreds of volunteers, ensuring appropriate standards of care for many clients at the most critical stage of their life. Throughout the past 15 years he has also ensured the continued success of the client transport system, by transporting hundreds of clients to their medical appointments.

In 2002 when CSP was centralised Robert became a Volunteer Support Officer where he not only assisted other volunteers in their work but also provided weekly support for a socially isolated client. His work with this client

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continues to this day, with Robert visiting every Sunday. The unpredictable demands of this role have included providing cooked spaghetti to feed a pet duck when the client was rushed to hospital.

Two years ago Robert became Coordinator of the Dandenong volunteer support team. As well as organising group social activities, he has made regular home visits to an African client who was isolated and marginalised and found it overwhelming to participate in any group activities. Robert, through both his sensitivity and determination to improve the person's circumstances, has gradually built up strong rapport and trust with the client and become his key social support.

Robert takes his volunteer role very seriously, rarely missing a volunteer meeting or the opportunity to attend a training session. He is a diligent and reliable person who enthusiastically tackles any support role assigned to him and he has been an invaluable colleague to the many staff with whom he has worked. Whatever the challenges, all clients, volunteers and staff alike know they can depend on Robert Mann to get the job done.

Life Membership

Dr Jim Hyde

This award acknowledges the continuous, ongoing commitment and contribution by Dr Jim Hyde to the work of VAC/GMHC over the last 20 years.

In that time Jim has worked and been active in all sectors of the partnership in response to the HIV epidemic in Australia, making him one of the few people who has contributed to all areas of the Australian HIV partnership—government, medical, research and community.

Jim was General Manager of VAC/GMHC from September 1990 to November 1994. After leaving VAC/GMHC, he held a diverse range of positions that made full use of his experience and policy skills—as Director of the NSW Health and Equity Project, in association with the University of Western Sydney and the Centre for Health Equity, Training, Research and Evaluation; as Director, Health Services Policy for NSW Health; as Principal Program Advisor for the National Public Health Partnership; and Director of Policy and Communications at the Royal Australasian College of Physicians.

Jim has been the President of the NSW Branch of the Public Health Association Australia and a member of the PHAA National Board. He has also been a regular media commentator and a columnist for the Sydney Morning Herald. In 2007 Jim returned to Melbourne to again work in policy in the Victorian Department of Human Services and is now the Director of Public Health.

Jim's interest in health inequalities and equity in health, and in the implementation of evidence based policy has made him an effective advocate for all sectors of the HIV and BBV response and in particular a true friend and ally of the Victorian AIDS Council/Gay Men's Health Centre.

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VAC/ GMHC

Would like to thank

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- / Astor Theatre
- / Australian Ballet
- / Bay City Sauna Caulfield
- / Bay City Sauna Seaford
- / Beat Bookshop
- / Bell Shakespeare Company
- / Beyond Dance Party
- / Boroondara Volunteer Resource Centre
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25 YEARS OF ACHIEVEMENTS
